



REQUEST FOR MODIFICATION: Outcomes
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

Grantee Information

Grant Number: _____ Requested Date for Change: _____

Grantee Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Current	Proposed
1. Outcome(s) / Credentials:	1. Outcome(s) / Credentials:
2. Provide a brief description:	2. Provide a brief description:
3. Number of outcomes:	3. Number of outcomes:

Reasons for Change:

Send To:

For Any Inquires Contact:

ATTN: Market Development
Indiana Department of Workforce Development
10 N. Senate Avenue, SE205
Indianapolis, IN 46204-2277

Brett Wineinger
Email: Bwineinger@dwd.in.gov
Phone: 317-233-5514
Fax: 317-232-1821

Applicant Authorization:

Name

Title

Signature

Date
Internal Use Only
Approved by: _____
Date: _____